

COSMETOLOGY NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

You must apply for a new salon license if:

- your salon changes location; or
- there is a change in owners.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CASHIER'S CHECK OR MONEY ORDER.

1. NAME – Write your name as it appears on your cosmetology license if you are making changes or requesting a duplicate of an individual license. For example, a cosmetology operator, manicurist, or esthetician.
2. SOCIAL SECURITY NUMBER – Social security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:

www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.
3. DATE OF BIRTH – Write your birthdate.
4. COSMETOLOGY OR SALON LICENSE NUMBER– Write your complete license number as it appears on your individual or cosmetology salon license.
5. SALON NAME - Write the name of your salon as it appears on your salon license, if you are making changes or requesting a duplicate of your salon license.
6. NOTIFICATION OF CHANGE ONLY - Check the appropriate box to make changes to your name or contact information, such as your telephone number, mailing address, or email address.
7. DUPLICATE LICENSE REQUEST - Check the appropriate box if you want a duplicate of your cosmetology license. If your individual name or salon name has changed, you must include the \$25 fee for each duplicate.
8. CHECK LICENSE TYPE - Check the license type(s) that you are requesting a duplicate.
9. CHANGE MY NAME - Write your new legal name in the spaces provided. You must submit a copy of a government issued ID or legal document approving or indicating your name change, such as a marriage license, court petition for name change, or certificate of naturalization. You must submit a \$25 duplicate/update license fee with this application, if you want an updated license that shows your new name. (See item seven)
10. CHANGE MY SALON NAME - Write your new salon name in the space provided. You must apply for a new salon license if there was a change in owners or the salon changed locations. You must submit a \$25 duplicate/update license fee with this application, if you want an updated license that shows the new salon name. (See item seven)
11. CHANGE MY MAILING ADDRESS - Write your new mailing address in the spaces provided. This is the address where we will send you mail. This address can be a post office box.
12. CHANGE MY PHONE NUMBER - Write your new phone number, including the area code.
13. CHANGE MY EMAIL ADDRESS – Write your new email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
14. DATE AND SIGNATURE - Date and sign your request form. Changes to your record cannot be made if your request is not signed.



TEXAS DEPARTMENT OF LICENSING AND REGULATION
 PO Box 12157 • Austin, Texas 78711-2157
 (800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871
 www.tdlr.texas.gov • cs.cosmetologists@tdlr.texas.gov

COSMETOLOGY NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST

DO NOT WRITE ABOVE THIS LINE	
DUPLICATE LICENSE FEE: \$25 (FEE IS NON-REFUNDABLE)	
PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR.	
1. Name: (if applicable and as it appears on your cosmetology license) _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle Initial Suffix (JR, SR, III) </div>	
2. Social Security Number: (See instruction sheet for disclosure information) _____	
3. Date of Birth: _____ - _____ - _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>	4. Cosmetology or Salon License Number: _____
5. Salon Name: (if applicable and as it appears on your cosmetology salon license) _____	
6. Notification of Change Only: (No Cost) <input type="checkbox"/> Notice of name change (documentation required) <input type="checkbox"/> Notice of contact information change	7. Duplicate License Request (\$25 Fee Required) <input type="checkbox"/> I am requesting a duplicate of my license
8. Check License Type(s): <input type="checkbox"/> Cosmetology Operator <input type="checkbox"/> Esthetician <input type="checkbox"/> Manicurist <input type="checkbox"/> Hair Braider <input type="checkbox"/> Hair Weaver <input type="checkbox"/> Eyelash Extension <input type="checkbox"/> Esthetician/Manicurist <input type="checkbox"/> Salon <input type="checkbox"/> Cosmetology Instructor	
9. Change My Name: (Documentation required) _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle Initial Suffix (JR, SR, III) </div>	
10. Change My Salon Name: _____	
11. Change My Mailing Address: (Used to receive mail from TDLR) (PO box is allowed for this address) _____ <small>Number, Street Name, Suite Number</small> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> City State Zip Code </div>	
12. Change My Phone Number: (_____) _____ <small>Area Code Phone Number</small>	13. Change My Email Address: _____ <small>E-mail Address (Ex: johndoe@aol.com) See instruction sheet for disclosure information</small>
14. Date and Signature: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Date Signed Signature of Licensee </div>	